

KEY CONTACTS

(This is not a required form. However, submitting this information may help expedite review of your application.)

AGENCY/ORGANIZATION DIRECTOR

(Individual authorized to sign the assistance agreement application and award acceptance.)

NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

ADDRESS: (If different from application address.)

PROGRAM/PROJECT DIRECTOR

(Technical program director or person responsible for management of the project.)

NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

ADDRESS: (If different from application address.)

FINANCE DIRECTOR

(Individual responsible for maintaining the accounting and financial management systems, preparing the financial reports, etc.)

NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

ADDRESS: (If different from application address.)

DISADVANTAGED BUSINESS UTILIZATION CONTACT

(Individual responsible for reporting on the procurement activity. For questions regarding this program and its reporting requirements, please contact Raphael Santamaria, EPA R4, at 404-562-8110.)

NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

ADDRESS: (If different from application address.)

